## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

JOSHA 440

APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

**CLAIMS** 

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTER 2 MAMENDMENT	
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2							52			<u> </u>			<u> </u>
3		3					53			·			
4		12					54 55						<b>!</b>
5		125					56 56						<b></b>
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TAL DEP.		<b>—</b>		<b>—</b>	18	<b>4</b>	TOTAL DEP		4		4		4
TOTAL					21		TOTAL CLAIMS						